

## Youth Information

Youth Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Road or Box # \_\_\_\_\_

City/ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ (Must be at least 9 years of age)

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

### Who Do We Call If There is an Emergency During the Program?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

**Fee:** 2 Days of Adventure = \$30.00 (ages 9-12)  
\$35.00 (ages 13-15)

Financial Assistance may be available. Call the Youth Bureau at 295-2057 for information.

Upon confirmation of enrollment, you will be billed for program. Payment due prior to start of program.

## Permission Slip and Medical Release Form

**April Adventures Dates: April 1&2 and April 7&8 (ages 9-12)  
or April 9&10 (ages 13-15)**

### Youth Medical History

Date of Last Tetanus Booster \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Current prescribed medication (specify) \_\_\_\_\_

Specify any other health concerns, or physical activity restrictions, Also indicate if your child requires any special dietary needs.

### Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program \_\_\_\_\_

Identification/Policy # \_\_\_\_\_

Family Physician's Name and Phone Number \_\_\_\_\_

\_\_\_\_\_ No medical insurance

\_\_\_\_\_ I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate. I give my child permission to fully participate in the activities as described.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## APRIL ADVENTURES REGISTRATION FORM

Youth Name \_\_\_\_\_ will attend session  
(circle one)

**April 1 & 2**  
**(Jefferson/Gilboa Ages 9-12)**

**April 7 & 8**  
**(Ages 9-12)**

**April 9 & 10**  
**(Ages 13-15)**

**April 1 & 2**  
**Ages 9-12 \$30.00\***

**Wednesday:** Drop Off 9AM and Pick up 4PM  
Get to know your fellow adventurers with games and outdoor activities  
Rockets to the Rescue  
Archery @ Middleburgh Rod and Gun Club  
Roller Skating @ Warnerville Rink

**Thursday:** Drop off at 8:30 AM Pick up 4PM  
Proctors Theater tour, Schenectady  
Swimming and Gym Activities at the  
Duanesburgh Area Community Center

**April 7 & 8**  
**Ages 9-12 \$30.00 \***

**Tuesday:** Drop off 9AM and Pick up 4PM  
Schoharie Presbyterian Church Center  
Get to know your fellow adventurers with games and outdoor activities  
Rockets to the Rescue  
Schoharie Colonial Heritage Association program  
Hike Vromans Nose  
Bowling at Middleburgh Lanes

**Wednesday:** Drop off 9AM and Pick up 4PM  
5 Rivers Center Animal Signs Program  
Letterboxing treasure hunt  
Tour of Rivers Center  
Swim/Gym at Ciccotti Center, Colonie

**April 9 & 10**  
**Ages 13-15 \$35.00 \***

**Thursday:** Drop off 9AM and Pick up 4PM  
MineKill State Park  
Get to know your fellow adventurers with games and outdoor activities  
Disc Golf  
Reptile Encounters

**Friday:** Drop off 9AM and Pick up 4PM  
Baseball Hall of Fame– Cooperstown  
Skating and Laser Tag  
at Interskate 88– Oneonta

### Complete and Return One Form per Child

Registrations will be taken until the program is filled. Programs are filled on a first come first serve basis. Youth must be registered for, and plan to attend both days. No single day registrations will be accepted. Youth must be at least 9 years old to participate in April Adventures.

Any youth registered after program is filled, will be placed on a waiting list and will be notified as soon as possible of any openings.

**Return completed forms to:**  
Schoharie County Youth Bureau  
PO Box 233  
Schoharie, NY 12157

**You will receive confirmation/wait list notifications when we receive your registration form. You will then be billed. Payment due prior to start of program.**

**Questions????**

**Contact the Schoharie County Youth Bureau at:  
518-295-2057**

I give my permission as parent or guardian of the youth named in this registration to be photographed during program activities and for the use of any photographs or video for promotional or educational purposes. This may include, but is not limited to: Slideshows, Informational Fairs, Youth Bureau Face Book page, 4-H and Cooperative Extension Facebook, Newsletters, and Newspaper articles.



Signed: \_\_\_\_\_